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7590 09/14/2006

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 477 Ninth Avenue, Suite 112
 San Mateo, CA 94402-1854

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Cynthia C. McMorrow

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/870,117	05/30/2001	Glenn Schiavo	CLX-602	6527

TITLE OF INVENTION: LIQUID EMANATOR DEVICE TO DELIVER SELF-SUSPENDING INSECTICIDE DROPLETS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/14/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LEVY, NEIL S	1613	424-409000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ray K. Shahani

2 Paul A. Pappalardo

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Henkel Consumer Goods Inc.

Scottsdale, Arizona

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 004-0980 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

11/20/06

Typed or printed name

A. Kate Huffman

Registration No.

31,372

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PTO-85 (Rev. 07/06) Approved for use thru	12/05/2006	00000077	1	1501	\$1,400.00	12/04/2006
PAGE 3/4 * RCVD AT 3/5/2007 11:17:45 AM ET	12/05/2006	00000078	1	1504	\$300.00	12/04/2006